

Determining Student Eligibility For Meal Benefits





SY 2022 Operating SSO

- Information about the importance of applications for other reasons:
 - https://www.maine.gov/doe/schools/nutrition
 - Select "Student Eligibility & Applications"
 - Select "Meal Benefit App Toolkit"



Resources

- USDA's Eligibility Manual for School Meals July 18, 2017*
- Current year Income Guidelines
- Quick Reference Guide
- Maine CN YouTube Video



Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.

What's proper documentation?



Determining Eligibility

- 1. Free and Reduced-Price Meal Application
 - Income
 - Categorical (SNAP/TANF, foster)
- 2. Direct Certification List
- 3. Migrant/Homeless/Head Start List



FREE AND REDUCED-PRICE MEAL BENEFIT APPLICATIONS

Child Nutrition

Maine Department of Education

- Must be available to all households
- Only 1 application per household
 needs to be submitted
- Families cannot be required to complete an application

Step 1: STUDENT INFO	RMATION: List all	stud	lents	livi	ing i	n the household	1								
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Address:								Date							
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Determining Official's Signature											Date:				-

Letter to Households

Distributed at the <u>start</u> of each school year

- Letter should include:
 - What School Nutrition Programs are available
 - F/R/P price
 - Apply/reapply at <u>any time</u>



Free and Reduced Price Applications & Letters to Households

Current Year Materials

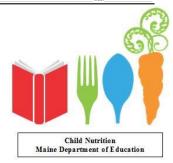
Maine Child Nutrition website

Maine.gov/doe/schools/nutr

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SY 2022 FREE AL	ND REDUCED	PR	ICI	E S	CH(OOL MEAL	но	USE	ЭН	OLE	APPLICA	ΓΙΟ	N		EP
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Step 4: Required - Adult signatu	re and last four d	igits	of s	ocia	seci	urity number									_
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may be prosecuted under applicable State Signature of Adult:	and Federal laws.														
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Determining Official's Signature:									_		Date:				
for Verification numbers only - Con-	firming Official's Sig	mater									Date				

USDA Translated Applications



Carryover of Eligibility

 Eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.

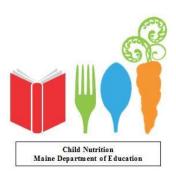
- New eligibility supersedes carryover eligibility.
- FOR THIS YEAR ONLY



Processing Free and Reduced-Price Meal Applications

 Applications should be processed and families notified about the results <u>as soon as possible</u>, but no later than 10 calendar days after being received

- Eligibility becomes effective when the application is received
 - Date stamp and initial upon receipt



Processing Free and Reduced-Price Meal Applications

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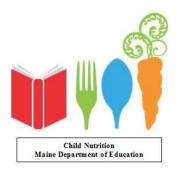
Determining Official's Signature:

For Verification purposes only - Confirming Official's Signature

All applications are taken at face value!

Two ways to process apps:

- 1. Categorical
- 2. Income



Categorical Eligibility

Student/Household Receives Benefits from an Assistance Program:

SNAP/TANF

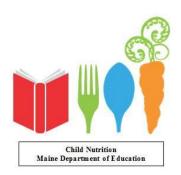
- Eligibility is extended to the entire household.
- Directly Certified

Other Source Categorical

Head Start

Eligibility is NOT extended to the entire household.

- Migrant
- Homeless
- Foster Children



Foster Children

- Member of the household where they reside
- Eligible for Free meals regardless of income
- Their benefit not extended to other members
- Other members in household approved based on household information

Maine Department of Education

Free and Reduced Price Applications: Categorical Eligibility

DEP

Child Nutrition

Maine Department of Education

SNAP or TANF Number

	ND <u>REDUCED PRICE</u> SCHOOL I er household for all children. A househ		
	ated. You may also apply online at: [w		
Step 1: STUDENT INFORM	IATION: List all students living in the b	ousehold	
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Student Last Name	Student First Name	School	— <u> </u>
			Foster Child Homeless Migrant
Student Last Name	Student First Name	School	_
			Foster Child Homeless/Migrant
Student Last Name	Student First Name	School	_
			Foster Child Homeless/Migrant
Student Last Name	Student First Name	School	_
CA. 2. DEMERTES D			The second secon
	nembers of your household (including you) re provide the case number and name of the pe		
Name:			

Free and Reduced Price Applications: Categorical Eligibility

Acceptable:

8 numbers & a

letter

<u>Unacceptable</u>

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

Step 1: STUDENT INFORM	MATION: List all students living in the l		omeless/Migrant
Student Last Name	Student First Name	School	
Student Last Name	Student First Name	School Footer Child H	omelen/Migran
Student Last Name	Student First Name	School Feater Child H	omelen/Migran
Student Last Name	Student First Name	Foster Child H	omeless/Migrant



Free and Reduced Price Applications: Categorical Eligibility

Step 3: INCOME List ALL Household Members including students listed above and total gross income (before deductions).



Only exception is foster child with other siblings



Free and Reduced Price Applications: Categorical Eligibility

Ster	o 4: Rec	nuired -	Adult	signature	and last	four	digits of	social	security	number
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I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult:	Cast 4 Digits of Soc	cial Security Number:	I do not have a Social Security Number
Printed Name:	Phone:	Email.	
Address:		Date:	



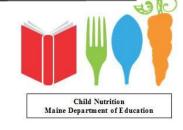
SY 2022 FREE A	ND REDUCED PRICE SCHOOL I	MEAL HOUSEHOLD	APPLICATION	O EP
	r household for all children. A househ ated. Vou may also apply online at : <mark>[w</mark>		ogether that share	s income
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Student Last Name	Student First Name	School	Foster Child Home	den/Migrant
Student Last Name	Student First Name	School	Foster Child Home	den/Migrant
-	nembers of your household (including you) re			
Name:	provide the case number and name of the per	<u> </u>	or TANF Number	Letter
		SNAP	or TANE Number	Leiter
				Child Nutrition

Maine Department of Education

Free and Reduced Price Applications: Income

Step 3: INCOME List ALL Household Members including students listed above and total gross income (before deductions). Names Gross Income Pensions, Every 2 weeks Every 2 weeks 2 times/month Welfare, Child Retirement. Earnings from Support, Social 5 4 1 Work before Weekly Weekly Household Member Alimony Security & deductions All Other received Income \$ \$ \$ \$ \$

- Names of <u>ALL</u> household members
- Income from all sources and frequency



Free and Reduced Price Applications: Income with Multiple Frequencies

Weekly X 52= Annual \$
Every Two Weeks X 26= Annual \$
Twice a Month X 24= Annual \$
Total Annual Income

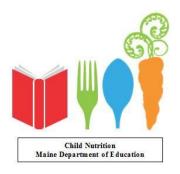
- Compare to income guidelines for ANNUAL income for the household size
 - Do NOT round
 - Do NOT convert back to monthly income



No conversion is required when one source of income is listed

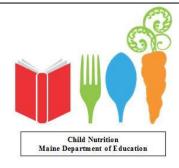
OR

All income sources are the same frequency



Income Guidelines

				2019-2	020 INCO	ME (GUIDELINES					
			FREE					F	REDUCED			
	Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly		Annual	Monthly	Twice a Month	Every 2 Weeks	Weekly	
1	16,237	1,354	677	625	313	1	23,107	1,926	963	889	445	1
2	21,983	1,832	916	846	423	2	31,284	2,607	1,304	1,204	602	2
3	27,729	2,311	1,156	1,067	534	3	39,461	3,289	1,645	1,518	759	3
4	33,475	2,730	1,395	1,288	644	4	47,638	3,970	1,985	1,833	917	4
5	39,221	3,269	1,635	1,509	755	5	55,815	4,652	2,326	2,147	1,074	5
6	44,967	3,748	1,874	1,730	865	6	63,992	5,333	2,667	2,462	1,231	6
7	50,713	4,227	2,114	1,951	976	7	72,169	6,015	3,008	2,776	1,388	7
8	56,459	4,705	2,353	2,172	1,086	8	80,346	6,696	3,348	3,091	1,546	8
Additional	5,746	479	240	221	111		8,177	682	341	315	158	



Step 4: Required - Adult signature and last four	
Sten 4. Required - Adult clanature and lact toll	e digits of social security number

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult:	Last 4 Digits of Social Security Number:	I do not have a Social Security Number
Printed Name:	Phone: Email:	occurry runs
Address:	Date:	



. OTHER BENEFITS - Tou do not have to complete this part to get free or reduced price school means.
Health Insurance Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health Linear School Meals Application does not automatically enroll your children in health care coverage.)
understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child. give up my rights to confidentiality for this purpose only.
certify that I am the parent/guardian of the child for whom application is being made.
Signature of parent/guardianDate

Child Nutrition

Maine Department of Education

5. C	HILDREN'S ETHNIC	and RACIAL ID	ENTITIES: Or	ptional. You	are not requ	uired to answer t	his question.
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Mark one ethnic identity:

- ☐ Hispanic or Latino
- Not Hispanic or Latino

Mark one or more	racial	identi	ties:
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- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Other

Must be on every application Optional for households to fill out



Approval / Denial by the SFA

* FOR SCHOOL USE ONLY * Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12							
Total Income:	Household Size:	Free	Reduced	Denied	Categorically eligible free:		
Total licolle.	Household Size	1166	_ Reduced		Categorically eligible free.		
Determining Official's Sign	nature:	Date:					
Confirming Official's Sign	ature:	Date:					



Summary: A Complete Application

Income Applications

- Names of all household members
- Gross pay
- Pay frequency
- Adult signature
- Last four of SSN or indication of none

Categorical Applications

- Names of all children in the household
- SNAP/TANF # (correct format)

Maine Department of Education

- Indication of Foster
- Adult signature

*If homeless is indicated you must still follow up with your homeless liaison for verification.

Transfer Students

- Student moves halfway through the year and you receive a copy of their application from the sending school
- Make sure to reapprove and sign!



HOMELESS, MIGRANT, HEAD START



Determining Eligibility: Homeless/Migrant/Head Start

- Application not required
 - Household may indicate on application
- A student identified by the:
 - District homeless liaison
 - Migrant Coordinator
 - Head Start Coordinator

Categorically eligible for Free meals



DIRECT CERTIFICATION



Direct Certification

Assistance Programs



Free School Meals

Automatically eligible for free meals

Extended to entire household

Families must be notified



Direct Certification



Takes precedence over an application. Eligible for FREE meals for the entire school year.



Direct Certification

- List is accessed in NEO
- List <u>must</u> be checked at least 3x each school year:
 - 1. Start of school
 - 2. October-November
 - 3. January-March
- Indicate you 'reviewed' the list

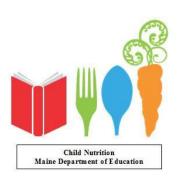
SAVE A COPY —With the date

Child Nutrition

Maine Department of Education

Administrative Approval

- If a household fails to apply and the child is known to be eligible, local officials may complete an application on behalf of the child.
 - Application should be based on best known household size and income information
 - LIMITED USE
 - Excluded from verification
- Household must be notified



Changes in Benefits

Applications can be submitted throughout the year.

Changes must take place:

- Within 3 days for an increase in benefits
 - (ex: Paid to Reduced)
- In 10 days for a decrease in benefits (ex: Free to Paid)



Notification of Eligibility

NOTIFICATION OF ELIGIBILITY		
Dear Parent or Guardian:	DATE	
Your application for free or reduced price meals for your child(ren) has been:		
Free Breakfasts	apply) Reduced price lunches at \$ per meal Reduced price breakfast at \$ per meal Reduced price After School Snacks at \$ per snack	
Denied because: Household income is over the amount allowable. Other	The application is missing	
You may appeal this decision by writing the	te Hearing Official, who isat the	is
	Sincerely,	
Name:	Approving Officer	
Street/RFD/P.O. Box:		
City/Town;, ME (ZIP)		

2013-2014 School Year Income Guidelines For Reduced Price Meals

REDUCED INCOME

Duration of Eligibility

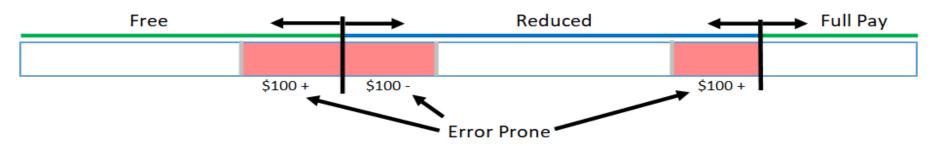
Eligibility is good for the entire school year AND

the first 30 operating days of the next school year

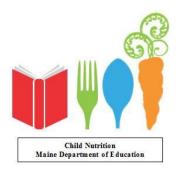


Labeling/Storing for Verification

- Error Prone
 - \$100 dollars above/below free guidelines OR \$100 dollars below reduced guidelines



- Directly Certified
- SNAP/TANF Numbers
- Migrant, homeless, etc.



Benefit Issuance List or "Master List"

List of students eligible for free and reducedprice meals

- Updated/revised as changes occur
- History of eligibility for the school year
- Documentation to support the monthly claim
- Confidential



Benefit Issuance List or "Master List"

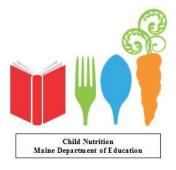
List should contain:

- Student first and last name
- Benefit status (free/reduced/paid)
- Date status was determined
- Method of determination (DC/categorically eligible/application)
- School name
- Changes



Point of Service Document

- Used at the Point of Service (POS)
- List should contain:
 - Student's first and last name
 - Code for <u>current</u> Benefit status (free/reduced)
 - School name
- Electronic or Manual (paper list)



Common Errors: Applications

- ✓ Incorrect SNAP/TANF number
- ✓ Not following up with incomplete applications
- ✓ Math Errors
 - Annual income if income reported in various forms
 - Data entry into electronic systems
- ✓ Sign and date!
 - Electronic vs Paper



Common Errors: Direct Certification

- Check at least 3x year
- Manual search matches must be printed or saved
- Increase DC numbers by searching applications with TANF/SNAP#
- Must send a letter to DC households notifying them of their benefits

Child Nutrition

Maine Department of Education

SAVE ALL DC LISTS (electronic or paper)

Common Errors: Master List

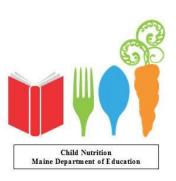
- ✓ Make sure the Master List in the office matches the check list used during meal service
 - After eligibility changes



Confidentiality

Eligibility information is **CONFIDENTIAL.**





Confidentiality

May share aggregate data

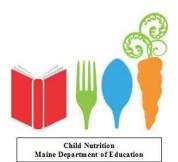
Eligibility information may not be shared without written <u>parental permission</u>

- May with another Child Nutrition Program
 - Disclosure Chart in Eligibility Manual



Questions?





Federal

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program

information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-programdiscrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture (1)

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

(Federal statement updated 3/22/2021)

This institution is an equal opportunity provider.



State

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at https://www.maine.gov/mhrc/file/instructions and complete an intake questionnaire. Maine is an equal opportunity provider and employer

